

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038549

STATE FILE NUMBER

FILED NOV 10 1958 (Registration District No. 225 Primary Registration District No. 6098 Registrar's No. 81)

| | | | | | | | | |
|---|----------------------------------|---|--|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Schuyler | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Schuyler | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN S Liberty | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN Lancaster | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | | Length of stay in lb | | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Carol Middle Ann Last Lehr | | | | 4. DATE OF DEATH Month November Day 1 Year 58 | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 2, 1941 | | 9. AGE (In years last birthday) 17 | IF UNDER 1 YEAR Months 3 Days 29 | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolgirl | | | 10b. KIND OF BUSINESS OR INDUSTRY - none | 11. BIRTHPLACE (City and state or country) Cando, North Dakota | | 12. CITIZEN OF WHAT COUNTRY? U.S.A | | |
| 13. FATHER'S NAME Carl L. Lehr | | | | 14. MOTHER'S MAIDEN NAME Emma Martinson | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT Address Carl Lehr Lancaster Mo | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed trachea and Fractured neck Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Automobile accident DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | INTERVAL BETWEEN ONSET AND DEATH Instant death | |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____ | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Country Road | | 20f. CITY, TOWN, OR LOCATION Schuyler Mo | | COUNTY STATE | | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 5:40 PM m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Barbara M. Morrison Coroner | | | | 22b. ADDRESS Lancaster Mo | | 22c. DATE SIGNED Nov 14 1958 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE Nov. 4, 58 | 23c. NAME OF CEMETERY OR CREMATORY Armi Memorial | | 23d. LOCATION (City, town, or county) (State) Lancaster, Missouri | | | |
| 24. FUNERAL DIRECTOR ADDRESS Norman Funeral Home, Lancaster | | | | 25. DATE RECD. BY LOCAL REG. Nov 14 1958 | 26. REGISTRAR'S SIGNATURE Burs. R. J. Drake | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 47

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.